



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL /SC**

ADDRESS OF BUSINESS: **22919 SOLEDAD CYN RD, SANTA CLARITA, CA 91350**

TELEPHONE: **(661) 253-9888**

OWNER OF BUSINESS: **SOMPIS TINA NORMAN**

CAL. DR. LIC.# : **[REDACTED]**

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **GOLDEN HANDS THERAPEUTIC**

MAILING ADDRESS: **22919 SOLEDAD CYN RD, SANTA CLARITA, CA 91350**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	06/16/15	tchen
<input checked="" type="checkbox"/> 4. Fire Department	YES	07/21/15	tchen
<input checked="" type="checkbox"/> 5. Public Health	YES	03/28/16	nlove
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	11/03/15	tchen
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	06/11/15	tchen
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	04/07/16	tchen
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	11/03/15	tchen
<input type="checkbox"/> 14. Emergency Medical Services			

Conditions:



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ 2,158.00

8430
ID # 142426

BUSINESS INFORMATION

CA 91350

Type of Business: <u>Massage Parlor - General</u>	Address of Business: <u>22919 Scedard Canyon Rd. Santa Clarita</u>	
DBA (Business Name): <u>Golden Hands Therapeutic Massage "Same"</u>	Business Telephone: <u>(661) 253-9888</u>	
Mailing Address:		
Sellers Permit # (State Board of Equalization): <u>AR 102-250330</u>		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input checked="" type="checkbox"/>		
If LLC or Corporation, the information below is required:		
Date of Incorporation: <u>05/03/06</u>	Incorporated in the State of: <u>California</u>	
Exact Corporate Name: <u>Golden Hands Therapeutic Massage Inc.</u>		
Names of Officers	Addresses	Titles
<u>SEMPIS NORMAN</u>	[REDACTED]	<u>OWNER President</u>
<u>Kyle Norman</u>	<u>"Same"</u>	<u>Vice President</u>

APPLICANT INFORMATION

Applicant's Full Name: <u>SEMPIS TINA NORMAN</u>		
Home Address: [REDACTED]		
Home Telephone: [REDACTED]	Cell Phone: [REDACTED]	Email address: <u>kyledit_norman@yahoo.com</u>
Social Security #: [REDACTED]	Date of Birth: [REDACTED]	Place of Birth: [REDACTED]
Driver's License or State ID#: [REDACTED]		Expiration Date: [REDACTED]
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Height: [REDACTED]	Weight: [REDACTED] Hair Color: [REDACTED] Eye Color: [REDACTED]

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 6/10/15 Applicant's Signature: [Signature]

Application taken by: LLG Date: 6-10-15

**COUNTY OF LOS ANGELES
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225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

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APPLICATION REFERRAL**

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**BUILDING & SAFETY
SANTA CLARITA**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: We recommend approval at
this time.

SIGNATURE: D. Hamrick

DATE: 6/16/15

3732037342

08:13:05 a.m. 06-29-2015

006/011

1/26

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109 P.O. Box 54070, Los Angeles, CA 90054-0970

BUSINESS LICENSE
APPLICATION REFERRAL

126

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL/SC

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TELEPHONE: (661) 253-9888

OWNER OF BUSINESS: SOMPIS TINA NORMAN

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THIS IS AN APPLICATION FOR NEW LICENSE

FIRE DEPARTMENT
LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

SIGNATURE: [Signature]

DATE: 06/30/15

BASIC LICENSE NO. 8430

DATE 06/11/15

IDENTIFICATION NUMBER 142426



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

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**PUBLIC HEALTH
LA COUNTY**



APPROVAL



DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

R. Martinez

DATE: _____

3/28/2016

BASIC LICENSE NO. 8430

DATE 01/20/16

IDENTIFICATION NUMBER 142426



**LOS ANGELES
D TAX COLLECTOR**

Box 54970, Los Angeles, CA 90054-0970

**SS LICENSE
ON REFERRAL**

15-00736

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3125162

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THIS IS AN APPLICATION FOR: **NEW LICENSE**

SHERIFF FINGERPRINT

LA COUNTY

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: _____

Approved

SIGNATURE: _____

WP 53667

DATE: _____

11/3/15

BASIC LICENSE NO. 8430

DATE 06/11/15

IDENTIFICATION NUMBER 142426

6/11

Scanned by Tony 4/2

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**REGIONAL PLANNING
SANTA CLARITA**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

approval for massage parlor OTCIS-1070

SIGNATURE: [Signature]

DATE: 6/11/15

BASIC LICENSE NO. 8430

DATE 06/11/15

IDENTIFICATION NUMBER 142426